

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH****COVER SHEET PG 1**

2005 JAN 19 AM 10:55

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)**2 Total pages filed:****3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

MR.

JOEL

✓

NICKNAME

LAST

SUFFIX

WILLIAMS

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3551 BOTTOMLESS LAKE

SAN ANTONIO, TX 78222

☐ Change of Address**5 CANDIDATE /
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(210) 648-2690

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

MR CHARLES

D

NICKNAME

LAST

SUFFIX

REED

**7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3602 HERRON COURT

SAN ANTONIO, TX 78217

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(210) 599-0930

9 REPORT TYPE

January 15



30th day before election



Runoff

15th day after campaign treasurer
appointment (officeholder only)

July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

**10 PERIOD
COVERED**

Month

Day

Year

JUL / 16 / 04

THROUGH

Month

Day

Year

JAN / 17 / 05

11 ELECTION

ELECTION DATE

Month

Day

Year

MAY / / 05

ELECTION TYPE

**12 OFFICE**

OFFICE HELD (if any)

City Council Dist 2

13 OFFICE SOUGHT (if known)**14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages**GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: CITY CLERK

SUPPORT & TOTALS

FORM C/OH

COVER SHEET PG 2

2005 JAN 19 AM 10:55

15 C/OH NAME

JOEL WILLIAMS

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

430.00EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

7,651.00CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

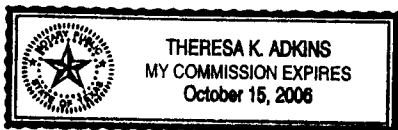
\$

13,302.00OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Joel Williams
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joel V. Williams, this the 14th day of January, 20 05, to certify which, witness my hand and seal of office.

Theresa K. Adkins
Signature of officer administering oath

Theresa K. Adkins
Printed name of officer administering oath

Financial Services
Title of officer administering oath *Rep.*

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

2005 JUN 19 AM 10:55

The INSTRUCTION GUIDE explains how to complete this form.

1. See pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



Other Than Pledges or Loans

2005 JAN 19 AM 10:55

In Kind Contribution

[illegible]

POLITICAL EXPENDITURES**SCHEDULE F**

2005 JAN 19 AM 10:55

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount
(\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



Political Expenditures JUL 16th 2004 THRU JAN 17th 2005

SCHEDULE 5

2005 JAN 19 AM 10:55

Date	Payee Name-Address-City	Purpose of Payment	Amount of Expenses
30-Jul	Grayson Street Project	Advertising	\$ 445.00
5-Aug	Ali Wallace Inc	Photos	\$ 108.00
6-Aug	Lena Harris	Office Supplies	\$ 35.00
10-Aug	New Covenant Missionary Baptist	Church Transportation	\$ 325.00
19-Aug	Gloria Lewis	Reimbursement	\$ 11.00
19-Aug	Donna Lee	National Nite Out	\$ 35.00
20-Aug	Savanah Baptist Church	Women's Day Ad	\$ 50.00
15-Sep	Moussa Temple No. 106	Souvenir Booklet	\$ 220.00
20-Sep	True Flavors Planners	MLK Commission	\$ 200.00
24-Sep	Eugene Coleman	SNAP News	\$ 300.00
2-Oct	Deck the Walls	Multi Media Ad	\$ 832.00
12-Nov	Election Support Services	Campaign Services	\$ 5,000.00
1-Dec	UU Housing, Inc	Holiday Ad	\$ 30.00